

**DECLARATION  
FOR UTILITY OR DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

- ☒ Declaration Submitted with Initial Filing, OR  
☐ Declaration Submitted after Initial Filing (surcharge  
 (37 CFR 1.16(e)) required)

**Attorney Docket Number** 0100.02.0001  
**First Named Inventor:** Morein et al.  
**COMPLETE IF KNOWN**  
**Application Number:** Unknown  
**Filing Date:** \_\_\_\_\_  
**Group Art Unit:** Unknown  
**Examiner Name:** Unknown

**As a below named inventor, I hereby declare that:**

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **A GRAPHICS PROCESSING ARCHITECTURE EMPLOYING A UNIFIED SHADER**

the specification of which:

☒ ...is attached hereto.

☐ ...was filed on \_\_\_\_\_ as United States Application Number \_\_\_\_\_ or as PCT International Application Number \_\_\_\_\_ and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Copy Attached?	
				YES	NO
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

- ☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

- ☐ Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

Name	Registration Number	Name	Registration Number
Christopher J. Reckamp	34,414	Angelo J. Bufalino	29,622
Joseph P. Krause	32,578	Robert Beiser	28,687
Michael J. Turgeon	39,404	Brent A. Boyd	51,020
Timothy J. Bechen	48,126		

☐ Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto.

Direct all correspondence to:

**Vedder, Price, Kaufman & Kammholz**  
**222 N. LaSalle Street, Suite 2600**  
**Chicago, Illinois 60601**  
**Telephone: 312-609-7500**  
**Facsimile: 312-609-5005**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname	
Steven		Morein	
Inventor's Signature	Date		
Residence	City: Cambridge	State: <del>Maine</del> MA	Country: US
Post Office Address	10 Magazine, Apt. 801		
City: Cambridge	State: <del>Maine</del> MA	ZIP: 02139	Country: US

Name of Additional Joint Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname	
Laurent		Lefebvre	
Inventor's Signature	Date		
Residence	City: CACHUQUE	State: QC	Country: CANADA
Post Office Address	124 PARENCHERE		
City:	State: QC	ZIP: JEW 6A5	Country: CANADA

Name of Additional Joint Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname	
Andy		Gruber	
Inventor's Signature	Date		
Residence	City: Arlington	State: <del>Maine</del> MA	Country: US
Post Office Address	215 Pleasant Street		
City: Arlington	State: <del>Maine</del> MA	ZIP: 02476	Country: US

Name of Additional Joint Inventor:

☐ A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])		Family Name or Surname	
Andi		Skende	
Inventor's Signature	Date		
Residence	City: Shrewsbury	State: <del>Maine</del> MA	Country: US
Post Office Address	49 Sheridan Drive, #11		
City: Shrewsbury	State: <del>Maine</del> MA	ZIP: 01545	Country: US